

SERFF Tracking Number:	LFCR-126011544	State:	Arkansas
Filing Company:	Massachusetts Mutual Life Insurance Company	State Tracking Number:	41433
Company Tracking Number:	MME-POL		
TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
Product Name:	SignatureCare		
Project Name/Number:	/		

## Filing at a Glance

Company: Massachusetts Mutual Life Insurance Company

Product Name: SignatureCare

SERFF Tr Num: LFCR-126011544 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 41433

Sub-TOI: LTC03I.001 Qualified

Co Tr Num: MME-POL

State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Harris Shearer

Authors: Smith Darlene, Trudy Weigel

Disposition Date: 02/18/2009

Date Submitted: 01/30/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Pending

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 02/18/2009

Explanation for Other Group Market Type:

State Status Changed: 02/18/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

January 30, 2009

Mr. Harris Shearer

Rate and Form Analyst

Arkansas Department of Insurance

*SERFF Tracking Number:*      *LFCR-126011544*                      *State:*                      *Arkansas*  
*Filing Company:*              *Massachusetts Mutual Life Insurance Company*      *State Tracking Number:*      *41433*  
*Company Tracking Number:*      *MME-POL*  
*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *SignatureCare*  
*Project Name/Number:*      /

Life and Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

RE: MME-POL / Notice of Annual Meeting Endorsement

SERFF Tracking Number: LFCR- 125292639, MM500-P-AR of Previously approved (MM500-P-AR et al.)

Dear Mr. Shearer,

This endorsement is being submitted for review and approval and will be provided to policyholders of policy form MM500P-AR et al, which was approved for use on 12/10/07.

The approved policy is a participating policy, as described in the form and the purpose of the endorsement is to provide policyholders with notice of annual meetings.

The endorsement is being filed in the Company's state of domicile, Massachusetts

Thank you,

Anoush Chngidakyan  
Administrative Assistant  
Compliance Dept.  
(818) 867-2274

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## Company and Contact

### Filing Contact Information

(This filing was made by a third party - LCA01)

Anoush Chngidakyan, Compliance anoush.chngidakyan@lifecareassurance.com  
 Administrative Assistant

P.O. Box 4243 (818) 867-2274 [Phone]

Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

### Filing Company Information

Massachusetts Mutual Life Insurance Company CoCode: 65935 State of Domicile: Massachusetts  
 Long Term Care Administrative Office Group Code: 435 Company Type:  
 P.O. Box 4243  
 Woodland Hills, CA 91365-4243 Group Name: State ID Number:  
 (818) 867-2450 ext. [Phone] FEIN Number: 04-1590850  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$75.00  
 Retaliatory? Yes  
 Fee Explanation: \$75.00 per form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Massachusetts Mutual Life Insurance Company	\$75.00	01/30/2009	25397861

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Harris Shearer	02/18/2009	02/18/2009

*SERFF Tracking Number:*      *LFCR-126011544*                      *State:*                      *Arkansas*  
*Filing Company:*              *Massachusetts Mutual Life Insurance Company*      *State Tracking Number:*      *41433*  
*Company Tracking Number:*      *MME-POL*  
*TOI:*                      *LTC03I Individual Long Term Care*                      *Sub-TOI:*                      *LTC03I.001 Qualified*  
*Product Name:*              *SignatureCare*  
*Project Name/Number:*      */*

## **Disposition**

Disposition Date: 02/18/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-126011544 State: Arkansas

Filing Company: Massachusetts Mutual Life Insurance Company State Tracking Number: 41433

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: SignatureCare

Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	NAIC Uniform Transmittal		Yes
Supporting Document	Certification of Compliance		Yes
Form	Notice of Annual Meeting Endorsement		Yes

SERFF Tracking Number: LFCR-126011544 State: Arkansas

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TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

Product Name: SignatureCare

Project Name/Number: /

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	MME-POL	Policy/Cont Notice of Annual ract/Fratern Meeting al Endorsement Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			MME-POL.pdf

# Massachusetts Mutual Life Insurance Company

Home Office: Springfield, MA 01111-0001

Long Term Care Administrative Office

P.O. Box 4243

Woodland Hills, CA 91365-4243

888.505.8952

This endorsement is attached to and made part of the Policy as of the Policy Effective Date.

## Notice of Annual Meeting

The Insured is hereby notified that by virtue of this Policy he or she is a member of the Massachusetts Mutual Life Insurance Company and is entitled to vote either in person or by proxy at any and all meetings of said Company. The annual meetings are held at its home office, located at 1295 State Street, Springfield, Massachusetts 01111-0001, on the second Wednesday of April in each year at 2 o'clock p.m.

## LONGTERM CARE INSURANCE POLICY

Guaranteed renewable for life of Insured

Subject to premium change

Participating - Dividends may or may not be paid

Signed for the Massachusetts Mutual Life Insurance Company at Springfield, Massachusetts.



President



Secretary



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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Review Status:**

**Satisfied -Name:** Flesch Certification 01/28/2009  
**Comments:**  
**Attachment:**  
MME-POL Flesch Cert.pdf

**Review Status:**

**Bypassed -Name:** Application 01/28/2009  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**

**Bypassed -Name:** Health - Actuarial Justification 01/28/2009  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**

**Bypassed -Name:** Outline of Coverage 01/28/2009  
**Bypass Reason:** N/A  
**Comments:**

**Review Status:**

**Satisfied -Name:** NAIC Uniform Transmittal 01/28/2009  
**Comments:**  
**Attachment:**  
AR NAIC transmittal.pdf

**Review Status:**

**Satisfied -Name:** Certification of Compliance 01/28/2009  
**Comments:**  
**Attachment:**  
AR CERTIFICATION OF COMPLIANCE.pdf

January 27, 2009

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>						
<b>2.</b>	<b>Department Use Only</b>						
	<b>State Tracking ID</b>						
<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>		<b>E-mail Address</b>		
<b>5.</b>	<b>Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
<b>6.</b>	<b>Company Tracking Number</b>						
<b>7.</b>	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input type="checkbox"/> Small and Large  <input type="checkbox"/> Employer      <input type="checkbox"/> Association      <input type="checkbox"/> Blanket  <input type="checkbox"/> Discretionary      <input type="checkbox"/> Trust  <input type="checkbox"/> Other: _____         </div> </div>					
<b>9.</b>	<b>Type of Insurance</b>						
<b>10.</b>	<b>Product Coding Matrix Filing Code</b>						
<b>11.</b>	<b>Submitted Documents</b>	<div style="margin-bottom: 10px;"> <input type="checkbox"/> <b><u>FORMS</u></b>  <input type="checkbox"/> Policy      <input type="checkbox"/> Outline of Coverage      <input type="checkbox"/> Certificate  <input type="checkbox"/> Application/Enrollment      <input type="checkbox"/> Rider/Endorsement      <input type="checkbox"/> Advertising  <input type="checkbox"/> Schedule of Benefits      <input type="checkbox"/> Other         </div> <div style="margin-bottom: 10px;"> <b><u>Rates</u></b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate         </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>          Please explain: _____         </div> <div> <b><u>SUPPORTING DOCUMENTATION</u></b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div> </div>					

<b>12.</b>	<b>Filing Submission Date</b>		
<b>13</b>	<b>Filing Fee (If required)</b>	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>		
<b>15.</b>	<b>Filing Description:</b>		

<b>16.</b>	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature _____ Date: _____</p>	

<b>17.</b>	<b>Form Filing Attachment</b>
<b>This filing transmittal is part of company tracking number</b>	
<b>This filing corresponds to rate filing company tracking number</b>	

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

<b>18.</b>	<b>Rate Filing Attachment</b>			
<b>This filing transmittal is part of company tracking number</b>				
<b>This filing corresponds to form filing company tracking number</b>				
<b>Overall percentage rate indication (when applicable)</b>				
<b>Overall percentage rate impact for this filing</b>			<b>%</b>	
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

## **CERTIFICATION OF COMPLIANCE**

**Insurer:** \_\_\_\_\_

**The company has reviewed the enclosed policy form(s) and certified that they comply with the provision of Regulation 19 as well as all applicable requirements of the Arkansas Department of Insurance.**

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_